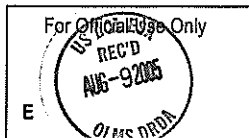


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3569</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>F</u> <u>Springer</u>  P.O. Box, Bldg., Room No., if any <u></u> Street <u>41 Sunfire Drive</u> City <u>Camp Hill</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>17110</u>	4. Name, file number, and address of labor organization. Name <u>Pennsylvania State Education Association</u> Labor Organization File Number <u>512-989</u> P.O. Box, Building and Room Number, if any <u>PO Box 1724</u> Street <u>400 North Third Street</u> City <u>Harrisburg</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>17101-1385</u>
5. Position in labor organization. <u>Asst. Exec. Dir. of Admin Services</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7. a. Nature of Interest, Transaction, or Income. <u></u>  7. b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>6/5/05</u> Date	<u>717-255-7000</u> Telephone Number

Name of Person Filing John Springer

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Kades-Margolis Corporation

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 998 Old Eagle School Road

City Wayne

State Pennsylvania

ZIP Code + 4 19087

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

July 26, 2004 - Meeting with representatives of Kades-Margolis to discuss the Tax Sheltered Account Program. Meal provided.

## 11.b. Approximate dollar value of such dealing.

\$75

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing John Springer

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Kades-Margolis Corporation

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 998 Old Eagle School Road

City Wayne

State Pennsylvania

ZIP Code + 4 19087

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

August 11 - 13, 2004 - Presenter and discussion leader at Kades-Margolis Summer Sales Meeting. Lodging and meals provided.

11.b. Approximate dollar value of such dealing.

\$550

## 12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing John Springer

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Great West Retirement Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8515 East Orchard Road

City Greenwood Village

State Colorado

ZIP Code + 4 90111

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

March 9-10, 2004 - Meeting with representatives of Great West Retirement Services (GWRS) at the GWRS headquarters to discuss Tax Sheltered Account Program. Airfare and lodging provided.

11.b. Approximate dollar value of such dealing.

\$645

## 12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing John Springer

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Verizon Wireless

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4642 Jonestown Road

City Harrisburg

State Pennsylvania

ZIP Code + 4 17109

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

June 30, 2004 - Meeting with representatives of Verizon Wireless to discuss the Cellular Telephone Program. Meal and golf provided.

11.b. Approximate dollar value of such dealing.

\$75

## 12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing John Springer

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Security Benefit Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4107 Quail Pointe Terrace

City Lawrence

State Kansas

ZIP Code + 4 66047

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

August 23-24, 2004 - Meeting with representatives of Security Benefit Group (SBG) at the SBG headquarters to discuss Tax Sheltered Account Program. Airfare and lodging provided.

11.b. Approximate dollar value of such dealing.

\$500

## 12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing John Springer

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Willigerod &amp; MacAvoy

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2223 North Second Street

City Harrisburg

State Pennsylvania

ZIP Code + 4 17110-1065

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

November 11, 2004 - Meeting with representatives of Willigerod and MacAvoy to discuss architectural projects in progress. Meal and golf provided.

11.b. Approximate dollar value of such dealing.

\$75

## 12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing John Springer

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name California Casualty Management Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1900 Alameda De Las Pulgas

City San Mateo

State California ZIP Code + 4 94403

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

February 6, 2004 - Meeting with representatives of California Casualty to discuss the Auto and Homeowners Insurance Program. Meal provided.

11.b. Approximate dollar value of such dealing.

\$75

12.a. Nature of interest held or income received.

12.b. Amount.



Name of Person Filing John Springer

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Safeco

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5069 154th Place NE

City Redmond

State Washington

ZIP Code + 4 98052

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

March 26, 2004 - Meeting with representatives of Safeco to discuss the Tax Sheltered Account Program. Meal provided.

11.b. Approximate dollar value of such dealing.

\$75

## 12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing John Springer

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Harold Berk

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2205 Race Street

City Philadelphia

State Pennsylvania

ZIP Code + 4 19103-1011

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

December 21, 2004 - Gift of two dozen golf balls received from attorney representing PSEA in real estate matters.

11.b. Approximate dollar value of such dealing.

\$50

## 12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing John Springer

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Security Benefit Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4107 Quail Pointe Terrace

City Lawrence

State Kansas

ZIP Code + 4 66047

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

December 21, 2004 - Gift of binoculars received from Tax Sheltered Account Product supplier.

11.b. Approximate dollar value of such dealing.

\$50

## 12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing John Springer

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Larry Heydt

Trade Name, if any: Life of the Southwest

P.O. Box, Bldg., Room No., if any PO Box 215

Street 465 Main Street

City Virginville

State Pennsylvania ZIP Code + 4 19564

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

August 20, 2004 - Meeting with representatives of Life of the Southwest to discuss Index Annuity Product. Meal and golf provided.

11.b. Approximate dollar value of such dealing.

\$75

12.a. Nature of interest held or income received.

12.b. Amount.